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ORIGINAL DEPARTMENT.

Communications.

Rupture of the Uterus.

By THEODORE A. DEMMÉ, M. D.

On the 14th of February, I was requested by Dr. Carter to make the autopsy of a patient who died during labor, delivery not having been accomplished.

Mrs. S. J., aged 37 years, having had six children, and near the full period of utero-gestation with the seventh, requested the attendance of Dr. C., on Tuesday evening, the 7th of February. She was complaining of abdominal pains, of the nature, as she described, of *after pains*. There was also considerable pain in the epigastric and left hypochondriac regions, of a lancinating character, accompanied by constant retching and vomiting. The pulse was about 90. Upon examination the os uteri was detected slightly dilated and covered by the placenta; hemorrhage per vaginam existing, the possibility of placenta prævia was borne in mind.

On the 10th, the eminent accoucheur, Dr. Hatfield, was called in consultation; but notwithstanding the constant care and attention of her physicians, the patient died upon the 13th of February.

The treatment was such as the emergencies of the case seemed to demand, being directed to the allaying of pain, the quieting of the stomach, the arresting of hemorrhage and the reduction of peritoneal inflammation.

Autopsy. The body was well formed and proportioned; the pelvis ample; the abdomen was enormously swollen and tympanitic, betraying the presence of pent up gases. Upon

making an incision in the median line, through the integument, and extending from the ensiform cartilage to the symphysis pubis, the compressed gases suddenly forced their way through the linea alba with violence; after their escape the size of the abdomen was much reduced, and no longer presented an anterior convexity.

The crucial incision completed and the four flaps turned outward, the abdominal contents were exposed to view.

Extending from the left hypochondriac region to the hypogastric, its feet resting apparently upon the fundus of the uterus and its head upon the stomach, lay the child. The small intestines were forced over toward the right side of the mother, and firmly united to the colon, which latter was attached to the larger viscera at the upper portion of the abdominal circumference.

There was thus a cavity formed, or as it were, moulded upon the fœtus, which, being lined by a smooth membrane, the result of the exudation of coagulable lymph, presented the appearance of an extra uterine pregnancy.

The fœtus was large and as far as the trunk and extremities, well formed, but the head was enormously swollen, the cranium vastly preponderating in size over the face, affording a well-marked instance of *hydrocephalus congenitus*.

The uterus was contracted, and presented along the left side an extensive rupture of its body and fundus, which however *did not extend into the cervix*; there was also a transverse laceration upon the posterior aspect of the body, connecting with that upon the side. The rupture involved no portion of the uterus not covered by peritoneal reflexion.

The placenta was contained partly within

the cavity of the uterus, and partly within the abdominal cavity, appearing to be caught in the fissure.

Before the rupture the after-birth had been attached to the fundus of the uterus, but after the escape of the child the contractions of the womb forced it upon the os uteri, where it remained an accidental placenta prævia.

There was but a small quantity of blood in the cavity of the abdomen. In my mind there is no doubt but that the rupture had occurred before the first visit of the attending physician. The pains described as similar to after pains, were after pains, the uterus endeavoring to expel the placenta.

The laceration was the result, not of uterine contraction, but the consequence of some over exertion, acting upon a womb whose tissue was softened,—thus predisposed to rupture.

Intra-Uterine Fracture of the Clavicle.

By WM. B. ATKINSON, M. D.

[Read before the Northern Medical Association of Philadelphia, March 9th, 1860.]

On Monday, March 4th, 1860, I was requested to visit the infant of Mrs. E. A. D., supposed to be laboring under a displacement of the left clavicle. Mrs. D. was delivered naturally, after an easy labor, of a good sized male child, on the 22d of February. She was not attended by any physician or midwife. On the 2d of March, when washing the child herself, for the first time, she noticed a projection on the left side, between the shoulder and top of the sternum. Upon an examination of the parts I detected a completely united fracture of the clavicle of that side. The apex of the angle of junction pointed upward, and could be plainly seen when the head was turned to the opposite side. As, at the time of my visit but two weeks had elapsed since the birth of the infant, it was evident that the fracture must have occurred some weeks anterior to the delivery. Mrs. D. informed me that some three or four weeks prior to her confinement, she received a violent blow in her left side from the edge of a door, which a child was swinging back and forth, though she never experienced any further

trouble of any kind after the pain incident to the blow had subsided.

At my request, Dr. A. Nebinger visited the case, and after a most careful examination, confirmed my diagnosis in every particular. This form of fracture is extremely rare. I find, on reference to Malgaigne's Treatise on Fractures, mention made of but one case. He says "Devergie has given the history of a woman who, when seven months gone with child, struck her abdomen severely against the corner of a table. The pain was excessive and lasted some time. This woman was brought to bed at the usual time, of a pretty stout child, which had a large tumor in the region of the left clavicle. The child died on the eighth day, and the autopsy showed the tumor to be formed of a solid and voluminous callus, reuniting a fracture of the clavicle; the fragments had somewhat overlapped each other. The specimen was placed in the museum at Val-de-grâce, but has unfortunately been lost."

The only other case on record which I have been able to find, is one related by Dr. Keller, of this city, before the Pathological Society. The lady, Mrs. H., in the fourth month of her pregnancy, while riding out, was thrown out of a carriage by the breaking of an axle, and struck the right side of her abdomen upon the front wheel. With the exception of a severe uterine hemorrhage, which occurred without any apparent cause, some two months afterward, no disagreeable results ensued. The child, a healthy girl, was born at full term, after a perfectly natural labor. On the third day the nurse called the attention of Dr. K. to a swelling on the neck of the child, which, after a careful examination, he recognized "as a completely consolidated fracture of the middle of the clavicle, of which the exterior half stood upward and outward, joined behind in an obtuse angle to the rest of the bone. In an erect position of the body only a very slight deformity was visible; but when the head was much turned, it became very apparent."

Prof. Gross, at the Pathological Society, referred to a case mentioned by Glockengiesser, in which 130 fractures existed in the same fœtus.

Case of Placental Presentation.

By R. S. MYERS, M. D.,

Of Prospect, York county, Pennsylvania.

On the 4th of January, I attended Mrs. S., in a case of placental presentation. As the case was conducted to a favorable issue to both mother and child, I considered it of sufficient interest to communicate for your extensively circulated journal.

During the latter four weeks of Mrs. S.'s pregnancy, she was not unfrequently seized, at uncertain intervals, with attacks of uterine hemorrhage. These attacks, which occurred to her twelve times previous to her confinement, came on occasionally very insidiously, sometimes while asleep in bed, while at other times they would occur when she was in a perfectly quiet condition. Being a close neighbor to Mrs. S., I was summoned upon every occasion whenever she was taken with one of her (as she termed them) "bleeding spells." The flow of blood was not generally very protracted nor profuse; and after calming her mental anxiety, and giving her certain instructions for her future guidance, I was suffered to depart, for the first four or five attacks. Upon the sixth attack, however, the flooding assumed rather an unmanageable form, and could not be so readily controlled as upon the former occasions, nor would it yield to the administration of milder remedies, such as the mineral acids, the acidulated infusion of roses, in connection with the sulphate of magnesia.

By a vaginal examination, nothing of any decided interest could be ascertained, inasmuch as the os uteri being not dilated, but appearing dilatable—though I did not consider it expedient or judicious at that time to dilate it, for fear of augmenting the hemorrhage. Not being able to ascertain yet whether it was positively a case of placental presentation, I rested simply under the suspicion that such was the case, without being certain. As the lady was plethoric, I resorted to bleeding from the arm for the arrest of the hemorrhage; at the same time administering internally some of the more depressing agents—such as digitalis, and tinct. verat. viride, in small and repeated doses, and

by these means succeeded in arresting the hemorrhage, and afterward kept the flooding in subjugation by the use of the *lancet*. I am entirely aware that general blood-letting is looked upon by some of our most eminent authors and experienced practitioners, in the treatment of uterine hemorrhage, at all times and under all circumstances, and particularly in cases of placental presentations, with a more than ordinary degree of disfavor. Nevertheless, I cannot help thinking—and in this view I am sustained by an equal amount of authorship and intelligence—that the careful and judicious use of the lancet will have a decided beneficial effect in arresting the flow. The reasons for this view are obvious, but to detail them in this paper would make my article of more length than would be desirable. Suffice it to say, that by venesection we relieve the engorged and enlarged vessels of the womb and placental mass, which of course must necessarily exert a powerful influence in arresting the flow from the patulous orifices. It is, however, only in the early stage of attacks of uterine hemorrhage that the very marked and almost instantaneous arrest of the flow is perceptible under the use of the lancet, and it is in this stage when the lancet should be used.

No man in his senses would postpone the remedy until after having unsuccessfully tried the whole catalogue of the numerous other remedies recommended, and wait until a mortal syncope has taken place.

We admit there are occasionally certain contra-indications which entirely forbid its use, or at least its employment only to a very moderate extent. Happily those cases are rare, and in almost all cases the lancet may, in my humble opinion, be employed with perfect safety. The lancet proved, in the case under consideration, a very adequate and efficient remedy. On the 4th of January, I received a very urgent message to visit my patient. When I reached the bedside, I soon ascertained that uterine action had commenced. The mouth of the uterus was slightly dilated, and the hemorrhage increasing. By the touch, the smooth surface of the placenta was distinctly

felt. The term of gestation being fully completed, and actual labor commenced, the time had now arrived when such mechanical aid must be rendered, upon the success of which depended the life of the mother and child. The os uteri being dilated to a little over the size of a new twenty-five cent piece, and as the dilation was increasing, there was a fearful increase of the bleeding. At this juncture I felt warranted in undertaking delivery, which I accomplished in the following manner. The patient lying on her left side, was brought close to the edge of the bed: greasing the right hand and arm, the fingers were collected into a conical form and carried up to the brim of the pelvis. I then proceeded to dilate the os uteri with a slow semi-rotating motion of the hand, until it was passed fully anteriorly into the uterine cavity. Alongside of the placental mass the membranes were reached, which were ruptured, and the hand run along the child's body until the feet were obtained, and both lower extremities were brought down through the foetal membranes. I ordered gentle pressure to be applied over the uterine tumor, and slowly extracted the child, which, to my surprise and astonishment, cried in a few minutes after its delivery. I directed the nurse to remove the child while I engaged myself in the meantime in rousing the patient from a faintness in which she was lying; which I succeeded in doing by stimulants—such as brandy, ammonia, etc. I gave her no opium. After the action of the stimuli I gave her a full dose of the *vinum ergotæ*. I administered none of this drug previous to the delivery. The uterus acted but feebly, and she had but very little pain during the whole process. Notwithstanding the absence of pain, the uterus, after the child was extracted, contracted perfectly. The patient was placed upon a tonic course of treatment, and soon recovered from the shock her system had received, and is doing well, as is also her fine healthy babe.

John Hunter once remarked: "I never have any difficulties; a thing can be done, or it cannot. If it cannot be done, I will not attempt to do it."

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D.)

WEDNESDAY EVENING, FEBRUARY 8.

DR. REMINGTON, President in the chair.

Subject for Discussion—THE DIFFERENTIAL DIAGNOSIS OF OVARIAN TUMORS.

DR. WASHINGTON L. ATLEE read a paper, of which we give the following abstracts:

As the abdomen may be enlarged from various causes, it is important to understand how to distinguish between these various enlargements, and correctly to diagnose that resulting from ovarian tumor. This is often a matter of much difficulty, but is generally obtained by a careful attention and scrutiny on the part of the physician. For convenience and perspicuity in treating the subject, the lecturer classified these enlargements as follows. 1. Peritoneal cysts. 2. Cystic tumors of the abdomen. 3. Ascites. 4. Pregnancy. 5. Pregnancy with ovarian dropsy. 6. Tumors of the uterus. 7. Accumulations of feces in the intestines. 8. Gas in the intestines. 9. Retention of the menstrual discharge. 10. Enlargements of the viscera. 11. Hydromhea. 12. Muscular derangement of the abdominal walls. 13. Pelvic abscess. 14. Psoas abscess. 15. Distension of the bladder. 16. Retroversion and retroflexion of the uterus. 17. Rectovaginal hernia. 18. Malignant tumor of the abdomen. 19. Inflammatory deposits in the cavity of the abdomen.

1. *Peritoneal Cyst*.—This is a peculiar form of dropsy, not described, or perhaps even recognized by any of the books, and is extremely like ovarian tumor. Like the latter, it occupies a position anterior to the intestines; hence we have, on percussion, a flat sound over nearly the whole of the abdomen, with a resonance high up, and at the extreme edges. The shape is similar; both forms of enlargement vary but little on changing the position of the body. The abdomen in both, although uniformly distended, may be larger on one side than the other. The general health is good. So far, these two forms of disease are almost precisely similar. Perhaps the fluctuation gives the sense of a thinner fluid. How, then, is it to be diagnosed? As teaching at the bedside is far preferable to any other mode, Dr. A. related, in detail, five cases of this form of disease, and exhibited specimens of the fluid taken from these cysts. The question of diagnosis is answered by the character of the fluid, which is beautifully clear and transparent, resembling pure water. It may be slightly opalescent, not coagulable by

heat, or nitric acid, and gives forth at times an osmazone odor when boiled. This fluid is the pathognomonic sign of the existence of a peritoneal cyst, distinguishing it from ovarian dropsy, or ascites. After tapping, in cases of ovarian dropsy, when the parietes of the abdomen, and of the sac, are grasped deeply between the fingers, on rubbing, the walls of the cyst recede, and ridges or nodules may be felt and seen. In peritoneal cyst, however, there are no signs of walls or solid deposits. In the former the walls of the abdomen seldom sink below the level, but in the latter the incurvation is sometimes extreme. In the former, the cysts continue to fill in spite of medical treatment; in the latter the cure is certain after tapping. No account of its pathology was attempted by Dr. Atlee, as all these cases recovered, and hence no opportunity offered for an autopsic examination after death. He, however, believed that it is nothing but a cyst of the peritoneum, and recent experience would locate it in the folds of the broad ligament. There is a great liability, in the ovary and its vicinity, to the formation of cysts. He illustrated this point by a case which he had treated recently, and by another operated upon in Lancaster, by the peritoneal section.

These cases place *paracentesis abdominis* in a new light. In its therapeutical connection, it assumes an importance which it never possessed before, and while it is indispensable as a means of diagnosis, it is equally so as an adjuvant in effecting a cure. The fluids of dropsy have been too much overlooked in tracing out the character, and in deciding upon the curability of this disease. They furnish a most important key in explaining the nature of the several forms of dropsy; and when the surgeon casts aside the opinions respecting the *dangers of tapping*, promulgated by Thomas Safford Lee, of London, and Professor C. D. Meigs, of this country, as heterodox in surgery, because unfounded in fact, and adopts this simple and safe operation as a diagnostic, rather than a palliative measure, he will unlock some of the mysteries which now impede the cure of disease.

To show the grave errors that are made in this peculiar form of dropsy, Dr. Atlee referred to M. Nélaton, of Paris, one of the most careful clinical observers of the age. He made a mistake, which resulted in the death of his patient. Dr. Atlee "quoted from 'Clinical Lectures on Surgery,' by M. Nélaton. From Notes taken by Walter F. Atlee, M. D.," page 524.

"One month before entering the hospital, she had consulted a physician, who introduced a trochar, and drew away twenty-five quarts of liquid. After this tapping, no tumors could be detected in the abdomen, and the physician said the liquid had been contained in a sac with very thin walls. Fifteen days

after the water had been drawn off, she was again very large: and she came into the hospital to demand something for her permanent relief.

"After having examined the patient, M. Nélaton said, there could be no doubt as to its being a cyst of the ovary. He thought he would operate [inject with iodine] in this case—the patient was but thirty-one; the walls of the cyst were supple, and the liquid drawn off before had been clear and transparent; and injections of iodine succeed better when the liquid is of that character.

"Two days afterwards, he again called attention to this case, as one of cyst of the ovary. Though the operation for permanent relief is dangerous, M. Nélaton said, it must be performed in a case like the present. It was the only thing the matter with the woman; when the cyst was emptied before, she felt well, and, besides, the liquid then extracted showed the case to be a most favorable one for injection. These ovarian cysts contain different liquids, sometimes it is very ropy, sometimes it is like blood and serum, but here it was pure, citrine, limpid serosity, just as is extracted from simple, uncomplicated hydroceles.

"M. Nélaton drew away a clear, transparent liquid, with a small trochar, and then made an injection of about fifteen ounces, of which one-third was the tincture of iodine. The patient complained very much, and a notable change took place in her; she became cold and cyanosed, her pulse became small, and it was with difficulty she could be made to hear. This condition continued long after she was carried to bed. Throughout the whole of that day, and the day following, she appeared to suffer very much, vomiting almost constantly; a striking phenomenon was the excessive thirst.

"The patient, on the third day, however, was better. She continued to get better, and on the seventh day of the operation, with the exception always of the irregularity of the pulse, she seemed pretty well. The interne found her in a good condition at eight in the evening; at two in the morning he was called, and found her dying.

"At the autopsy, on opening the abdomen, an immense false membrane was found, so disposed as to be continuous with the abdominal walls in the pubic region, and above to be adherent to the transverse colon. Beneath that were the intestines glued together by plastic lymph. There had then existed a circumscribed effusion, bounded before by this false membrane, and behind by the intestines glued together. Such a condition, of course, would produce identity of symptoms, with those of a cyst of the ovary. There was no pus in the abdomen, and M. Nélaton said, he did not believe that death had resulted from anything in the abdomen. As had been foreseen, there was a lesion of the heart; it

was enormous, and, excepting the point, adherent to the pericardium. There was an enormous dilatation of the left auricle; M. Nélaton put his whole fist into it, saying he had never seen one so large. At the same time there was cirrhosis of the liver. The ovaries were enlarged, hard, and full of small cysts. It seems more rational to attribute the death of this patient to the affection of the heart, than to the plastic inflammation of the peritonum."

After quoting the above case, Dr. Atlee remarked, that it was plainly one of peritoneal cyst—that the false membrane was the result of the plastic inflammation set up by the iodine injections—that both the history of the case and the character of the fluid contra-indicated the presence of plastic deposit before the operation—and that as the cyst "*was the only thing the matter with the woman,*" at the time of the injection, the *peritonitis* thus established must have caused the woman's death. Certainly, he could not believe with M. Nélaton, that he mistook a plastic deposit for an ovarian cyst, but was persuaded that the case was one of peritoneal cyst, and amenable to curative treatment.

Cystic Tumor of the Abdomen.—This enlargement may be the result of hydatids, and may arise from cysts developed in almost any of the abdominal viscera. In the diagnosis, great attention must be paid to the early history of the case, its place of origin, seat of the greatest suffering, the character of the functional derangements, &c., when of great size. It, also, is extremely difficult to distinguish from ovarian tumor. A cyst formed on the uterus has the same location as one from the ovary. This too, will be best understood by a relation of cases, and hence, Dr. A. gave the details of three cases. In one instance, this was met with in a boy, aged 13, had it occurred in a female there would have been a great difficulty in making the diagnosis. In this case, an autopsy was had, the cyst was found dipping into the pelvis, adhering to the rectum and bladder, and above, pushing back the liver, stomach, etc. This was the result of an injury inflicted by the tongue of an engine, rupturing the ducts of the gall bladder, with which the cyst was continuous.

Dr. BELL inquired whether medicine exerted any influence over ovarian tumors.

Dr. ATLEE never saw an instance where he could attribute any such action to medicine. Cases were on his record, where the disease came to a stand, but as this had occurred without medicine having been employed, he would not, therefore, infer that it was anything more than a coincidence. He had less faith in the cure of these tumors, the more experience he obtained.

Dr. JEWELL inquired, how many cases Dr. A. had observed, which were cured by nature.

Dr. ATLEE could not answer the question now

but in a future paper would give an abstract on this matter from his records. He remembered three cases, where nature attempted the cure, but failed. It has been argued that these spontaneous cures occur by the breaking of the sac, but in every case which he had encountered, where this rupture took place, death followed.

The discussion having terminated,

Dr. JEWELL rose to inquire of Dr. Atlee concerning a case of recent occurrence, in which death from tetanus, followed an abortion; Dr. Atlee being in attendance, and much excitement having arisen, he was desirous, if quite consistent with Dr. Atlee's wishes, of knowing the facts of the case.

Dr. ATLEE was pleased thus to have an opportunity of giving a full statement of the case, and read the following account of

A CASE OF ACUTE TETANUS FOLLOWING ABORTION.

Mrs. D., aged 20 years, and about eleven months married, was taken with flooding on the night of January 18th, 1860, I was called up before day on the 19th to visit her. She was full two months gone. There were pretty free hemorrhage and some pain. No other cause for the threatened abortion was assigned, than a very long walk she had taken some time before. On making a digital examination I found the uterus proportionably developed for the period of gestation, the os-tincæ was closed and thrown back toward the sacrum, and the cervix was not expanded. The parts seemed to be peculiarly sensitive, but as the patient was laboring under considerable nervous excitement, I attached very little importance to this symptom. In this condition of the os and cervix uteri, I thought it proper to attempt to save the ovum, and for that purpose, I prescribed acetate of lead and opium, cool drinks, perfect rest and quietude. As there was no prostration, I avoided the use of the tampon, knowing that it would defeat the object I had in view, particularly in the tender condition of the cervix. I made two more visits during the same day and was gratified to find a gradual diminution of both hemorrhage and pain, and before night an entire subsidence of the latter. I continued to make daily visits until the 23d, not deeming it necessary to make another vaginal examination, as her improving symptoms all favored the idea of recovery. The pain had altogether ceased, although a slight red discharge continued.

On the morning of the 23d she had a return of expulsive pain to such an extent that I again made an examination. The os-tincæ was now open enough to admit the index finger easily, and enable it to pass around the partially protruded ovum, and the cervix was expanded. The parts were still sensitive. Being now certain that abortion could not be prevented, I suspended the acetate of lead and

opium, and favored its occurrence by ordering $\frac{j}{i}$ of the wine of ergot every two hours. On making a visit in the after part of the day, and examining again, I found the ovum almost entirely out of the os-tincæ, and held in situ by the usual attachment between it and the interior of the uterus above. In accordance with my ordinary practice, I overcame these slight adhesions with my finger and removed the mass. This occupied but little time, although the patient complained considerably during the manipulation, particularly while dislodging the body from the vagina after it had been detached from the uterus. When entirely removed, however, she was easy. On leaving her for the night, I ordered a teaspoonful of paregoric to be given in case of pain.

The mass removed resembled placenta and its membranes, but no embryo was discoverable.

Next day, the 24th, the patient was very well and very cheerful. Her bowels were opened freely by medicine.

On the morning of the 25th, I was sent for before my usual time of visiting. On arriving at the house I found the patient holding a wooden pencil between her teeth to keep the jaws separated, and the muscles of the jaws were quite rigid, she being unable voluntarily to open the mouth. She had previously informed me that she was exceedingly nervous and subject to hysteria. The idea of tetanus not entering my mind, I at once supposed, and so announced it, that the attack was hysterical, and with this view I ordered her repeated doses of Hoffman's Anodyne. I believe she succeeded in swallowing one dose of it with difficulty but no more, as the muscles of deglutition seemed to become involved. On a subsequent visit the same day, in consequence of the inability of swallowing, I ordered her enemata every two hours of tincture of assafetida, and sinapisms to the spine and stomach. The tonic rigidity was still confined to the muscles of the jaws. Very little change in the symptoms occurred during the whole day.

During the night of the 25th her mother informed me that she had a spasm, and on making a very early visit on the morning of the 26th, I was convinced that the disease was tetanic instead of hysterical. The muscles of the neck and back had become involved, so that the head was permanently and violently drawn back, while the tonic spasms of all these parts rendered every thing as hard as a board. The usual acute pain at the lower part of the sternum, piercing through to the back, was, however, entirely absent, and at no time afterwards manifested itself. The pulse was accelerated, but soft and voluminous. The throat seemed phlegmy, and the patient complained of a peculiar tightness there, and oppression in breathing, and frequently worked away frothy sputa from her mouth. During

all this time and up to the period of death, a piece of gum elastic was kept between her front teeth, to keep them apart.

Satisfied of the existence of tetanus I now enquired whether she had received any wound, had pricked herself with her needle, had trod upon a nail, or had in any way hurt herself. She at once asked me if she had hydrophobia, and immediately said that the dog had scratched her on the hand about two weeks before. She held up the back of the right hand, upon which I noticed the mark of a very superficial wound, but which I considered too trifling to account for the symptoms. I now enquired into the character of the discharges. The urine was freely secreted and passed, and two napkins, sufficiently stained with the lochia were brought to me, and which had been removed during the previous night. I next made an examination per vaginam. The parts were moist, free from heat, and entirely free from the tenderness which had existed before the abortion. Strong pressure over the whole abdomen was unattended by any soreness. She had no pain anywhere.

A large number of leeches was immediately placed over the cervical and dorsal vertebrae, and a considerable quantity of blood removed, and four drops of tincture of veratrum viride was ordered with the assafetida as an enema every two hours, and as deglutition was impossible, I administered by inhalation a mixture of two parts, liquid measure, of sulphuric ether, and one part of chloroform. The effect of the anaesthetic was most soothing and gratifying. She was kept nearly constantly under its moderate influence. It had the effect of preventing opisthotonic spasms, and causing her to sleep more or less most of the day. When the effects passed off she would crave for more. The pulse also came down from 120 to 105.

I visited the patient every hour during the day, and, finding that the disease was so admirably controlled by the treatment, I flattered myself that she might yet recover from it. But in the evening the treatment began to lose its effect, and between 8 and 9 o'clock a violent spasm, lasting 10 or 15 minutes came on, and which exhausted her a great deal. This was followed by a flagging pulse and labored breathing. I immediately ordered stimulating and nutritious injections, and chloroform liniment to the spine, to be associated with the anaesthetic. But successive paroxysms returned with great violence, which caused her to sink rapidly, and she died at 11½ o'clock, P. M., of the same day.

P. S. In "The Obstetric Memoirs and contributions of James Y. Simpson, M. D. F. R., S. E., &c.," vol. 2, page 59, an interesting paper on "puerperal tetanus," may be consulted with profit by the members of the medical profession.

Adjourned.

EDITORIAL DEPARTMENT.

Periscope.

External Application of Belladonna in Scarlet Fever. By J. W. BENSON, M. D.—

In twenty-five successive cases of this disease, which have been latterly under my professional care, the treatment consisted in innunction of the parotid and submaxillary regions by an unguent composed of fifteen grains of the extract of belladonna to an ounce of simple ointment. This was applied freely and frequently as soon as the patient complained of sore throat. A piece of flannel was afterwards applied, and in no case was any other treatment adopted, except the administration of small quantities of neutral mixture during the day. In some cases of rapidly occurring tumefaction of the throat, the prompt subsidence thereof under the treatment, left no room for doubt as to its efficacy. I do not pretend to offer this mode of treatment either as a cure for scarlet fever, or as the sole means to be relied upon in any case, but I do claim for it a controlling power over the engorgement, and hence a prevention of those destructive ulcerations of the throat which are so much and so justly dreaded. In some cases it has seemed to have a salutary effect upon existing diarrhoea as soon as the system was influenced by the remedy.

In one case only was I compelled to discontinue its use because of its constitutional effect. I will not here discuss its *modus operandi*, but simply suggest that the experiments of physiologists in reference to the influence of the organic nerves upon glandular organs, coupled with an experience of thirteen years in its use as a restraining remedy in salivation, and a more limited but somewhat extensive observation of its influence on the mammary gland, seemed to justify, on purely rational and philosophical grounds, the adoption of the course pursued.

During a discussion some months ago in the College of Physicians and Surgeons upon the merits of belladonna treatment in profuse lactation and mammary inflammation, I took the liberty of intimating that perhaps the contradictory results of the observation of members might have obtained from a failure to distinguish between the pathological condition of the gland itself, and that of the areolar structure in relation with it, for if my views of its

action be correct, it might not influence directly the latter condition, but would prove potent in the former. Since the results of the application as indicated were reported to the College, some of my friends have adopted the same course, and with the same results, viz, perfect success in every case.

They, therefore, concur with me in attributing such results to something else than mere coincidences on negative effects. They may not be, but the application is a simple, and, under judicious watchfulness, a harmless one, and I will be as free to confess its inertness as I am now anxious to press its claims to attention, so soon as my duty shall seem to indicate such a course.—*Louisville Med. News.*

The Saccharine Function of the Liver.

Dr. GEORGE HARLEY, Professor of Medical Jurisprudence in University College, London, related a number of experiments which he had performed, in concert with Professor Sharpey, in the Physiological Laboratory at University College. The results of the experiments did not in any way countenance the notion, that sugar is not produced in the healthy animal body; but on the contrary, such conclusions as they afforded were altogether in favor of the following generally received views upon the subject:—

1. Sugar is a normal constituent of the blood of the general circulation.
2. The portal blood of an animal fed on *mixed* diet contains sugar.
3. The portal blood of a *fasting* animal, as well as that of an animal fed solely on *flesh* is devoid of sugar.
4. The livers of healthy dogs contain sugar, whether the diet be *animal* or *vegetable*.
5. Under favorable circumstances, and with proper precautions, saccharine matter may be found in the liver of an animal (a dog) after three entire days of rigid fasting.
6. The sugar found in the bodies of animals fed on *mixed* food is partly derived directly from the food, partly formed in the liver.
7. The livers of animals restricted to flesh diet, possess the power of forming glucogene; which glucogene is, at least in part, transformed into sugar in the liver.
8. As sugar is found in the liver at the moment of death (even when the plan of freezing it has been strictly attended to), its presence cannot properly be ascribed to a post-mortem change, but is to be regarded as the result of a natural condition.—*Royal Soc.—Lancet.*

Apparatus for Treating Transverse Fracture of the Patella.—In the *Maryland and Virginia Med. Journal*, Dr. S. T. Knight, of Baltimore, describes an apparatus well suited for this fracture. It consists of a ring of stout tin, three inches in diameter at the top, and so shaped upon the lower edge as to suit the form of the knee joint in front. A muffin ring was temporarily used in the first case reported.

There is a bar of tin reaching above and below the ring, lying above the femur and also upon the tibia, which enables the ring to be secured more perfectly with a roller. A strap with a cushion for the popliteal space, passing through a loophole of tin on either side, and a buckle attached, complete the apparatus. The whole is cushioned and covered with soft leather. The method of applying it is as follows:—First bandage the limb from the toes to the hip; then apply a lateral splint to the external surface of the leg, and secure this, together with the instrument over the patella, with the same roller. The contractions of the rectus muscle will thus be effectually overcome, and the fragments so securely held in opposition within the ring that bony union will result.

Raw meat as a remedy.—The French and German journals have recently contained some articles, of which we have taken brief notices, on the use of raw meat in diarrhoea.

Dr. Levrett, in the *Charleston Medical Journal*, claims Dr. Caspar Morris, of this city, as the first teacher to recommend and extensively practice the use of raw meat in various diseases. It had been previously recommended by Weisse in diarrhoea of infants, but had not received much attention. Dr. Morris had taken the suggestion from the late Dr. Thomas, of Baltimore, who had used it with benefit for one of his children.

Some cases which occurred in the year 1855, in the Philadelphia Hospital, under the care of Dr. Morris, and reported by Dr. L., illustrated the efficiency of raw meat in cases of obstinate diarrhoea, and extreme debility of children. The beef, free from fat, was scraped with a knife so as to obtain the pulp; this was seasoned with salt, and to make it acceptable to the children, sugar was added. Of this, at first a teaspoonful was given three times a day, and increased as the child became accustomed to and fond of it.

Dr. Levrett also reports the beneficial administration of this dietetic remedy to a num-

ber of adults in adynamic conditions, in the Episcopal Hospital of this city, while he was a resident physician in the institution. It was rendered palatable to adults by well seasoning and spreading it on or between two pieces of bread. Its merit consists perhaps alone in its being highly nutritious, requiring a small bulk to be taken, and easily digested and assimilated.

Hydrophobia Successfully Treated with Mercury.—The last issue of the *American Journal of Medical Sciences* contains an interesting report, by Dr. Liggett, of a case of hydrophobia cured by large doses of calomel. We can refer to another case of cure of hydrophobia by similar treatment, which it is presumed Dr. L. was not aware of. It will be found recorded in the *London Lancet*, vol. 6, page 213, American edition.

Pathology of the Pituitary Body.—Dr. M. Michel presents, in the *Charleston Medical Journal*, an elaborate and valuable article on the pathology of the pituitary body. This body, located securely from external violence, in the deepest depression of the base of the cranium, almost obscured from ordinary observation, attracts, in a pathological view, generally but little attention. It has been found to undergo certain morbid processes. A case of malignant disease of the pituitary body, reported by Dr. Michel, was that of a robust negro man, aged thirty-five years, who complained first, in the month of March, 1851, of some uneasiness about the head and defective vision. These symptoms increased to intense headache and almost total blindness. The eyes still continued to present their natural appearance, except that the globes were increased in fullness and prominence. The general health of the patient was good.

A number of symptoms indicated an intracranial tumor; the sub-conjunctival tissue became red and distended, so as to conceal the cornea and project from the palpebral fissure; the lids drooped, the globes were extremely sensitive to the touch, the exposed surfaces were inclined to bleed when touched, and other symptoms of posterior pressure and interrupted circulation through the ophthalmic vessels were presented. There also appeared a swelling in the right temporal region beneath the temporal muscle. As the pressure increased, the senses of hearing and taste failed, voluntary motion was impeded, and a

general apathy prevailed, although the intellect continued clear. He finally died in the month of September, about four years from the first appearance of the disease.

An autopsy revealed a tumor occupying the sella turcica, extending into the right temporal fossa and destructively involving a considerable portion of the base of the skull, including the body of the sphenoid, and part of the ethmoid, with the orbital plate. The pathological characteristics of the case showed the tumor to be a cancerous development of the pituitary body.

Dr. M. has, with creditable research, given an account of the literature, as it exists, of the obscure diseases of this body, and we have been surprised at the amount of observation which has been recorded on pathological conditions almost unknown to practitioners. From this the following propositions are presented:

First, that the pituitary body, however largely developed in some animals, is not a primary division of the brain or a true encephalic ganglion, since its complete destruction, is never accompanied by loss of intellect, motion, or sensation, beyond what may be satisfactorily accounted for by the necessary pressure which the morbid growth exerts upon more essential parts of the encephalon.

Secondly, that, from several of the morbid processes enumerated in this memoir, we have strong proof of the identity of the nature of this hypophysis with certain, so-called, vascular glands, such as the thyroid, spleen, thymus, and supra-renal capsules.

Thirdly, that while the diagnosis of its morbid conditions is rendered somewhat obscure from the absence of any ascertained function of the part, yet their almost constant connection with the simultaneous production of amaurosis in both eyes, with absence of symptoms of cross paralysis, will indicate the seat of disease when compared to morbid states of either hemisphere.

And, fourthly, that the long continuance of disease in this situation may propagate inflammatory action to neighboring parts, followed by apathy, somnolency, syncope, cophosis, and other symptoms obscuring the diagnosis.

Novel Treatment of Diabetes.—Dr. P. H. Cabell, of Selma, Alabama, in an article in the *Maryland and Virginia Medical Journal*, gives the following account of the successful treatment of a case of diabetes:

The patient, a negro woman, aged thirty years, suffered with the usual symptoms of

diabetes—thirst, great debility, progressive emaciation, and passing large quantities of urine. By the various tests, the urine was found to contain sugar.

The remedy was *her own saccharine urine*, of which she was ordered to drink all that she passed! The woman was cured by this remedy, no other being used. In eleven weeks, the specific gravity of the urine was lowered from forty to twenty six degrees. The woman stated that the urine at first was "not very disagreeable," being slightly acid and sweet, "*like lemonade*," but as she got better she found it "*a bitter dose*."

Knowing that sugar had been used with reported success, Dr. Cabell thought that glucose might act better than cane sugar, and that the glucose prepared in the body might, from some peculiar combination or mixture with the urinary salts, be a compound that would so modify the tissues, organs, and secretions, as to allow them to return to a healthy standard.

No other theory is given for the action of this novel remedy, and it is believed the practice will not find favor with the profession. It would be difficult to find many patients who would take the dose with the same relish as the woman in the case cited.

Administration of Anæsthetics during Sleep.

—To avoid excitement and alarm in children, it may be very desirable to produce anæsthesia during sleep. To accomplish this without waking a sleeping patient, a very gradual and cautious administration is necessary. Dr. J. H. Beech states, in the *Peninsular and Independent Medical Journal*, that he has thus succeeded several times. One of these cases was the extraction of a grain of corn from the nostril of a restive child, aged three years. Some ineffectual efforts had been previously made to remove it. A sponge moistened with chloroform was held near to the mouth, being careful not to touch the face. After the removal of the foreign body, the child, without being awakened, was allowed to continue its usual sleep until morning, when he awoke at the usual hour, unconscious of any thing unusual having occurred.

In the volume of the London Philosophical Transactions for 1779, a case of abdominal dropsy is mentioned, in which tapping was performed 155 times, and four hundred and sixty-six gallons of fluid were drawn off. The patient, a female, died at the age of twenty-three years.

Reviews and Book Notices.

Contributions to Operative Surgery and Surgical Pathology. By J. M. CARNOCHAN, Professor of Surgery in the New York Medical College, Surgeon-in-chief to the State Emigrants Hospital, etc. With illustrations drawn from nature. Philadelphia: Lindsay & Blakiston, 1860.

This is the third fasciculus of this splendid work now in progress. From the original and practical character of the essays, we consider this the most valuable of the series thus far presented. These "contributions" are on Congenital Dislocations of the Head of the Femur, and on the Restoration of the Entire Upper Lip.

Dr., or rather Mr. Carnochan, as he affectedly prefers to be styled, has thoroughly investigated the subject of congenital dislocation of the hip joint, and this essay, with the exception of the observations of Dupuytren, is the only important literature of the subject. His first article concerning the affection, we believe, appeared in the London *Lancet* in 1844.

The proximate cause of this remarkable congenital deformity is referred to intra-uterine morbid muscular action, similar to that which produces the whole class of deformities of the articulations, such as club foot, distortions of the spine, torticollis, etc. The remote cause is referred to a morbid condition of the nervous system or centres.

The reports of two cases of restoration of the entire upper lip are interesting from their complete success, but present no novelty in the method of operating.

The lithographic and typographic elegance of the work, we have before commended. It is to be completed in ten parts, which are furnished at the very low price of seventy-five cents as issued.

A Pious Ruse of the Doctor.—In Gleig's "Life of Wellington," it is related of Dr. Hume, that on one occasion, when the Duke had found it necessary to order that three soldiers, taken in the act of pillaging, should be hanged in the high road, as an example to others, he took counsel with one of the staff, and as three men had just died in the hospital, they hung them up in uniform, and let the three culprits return to their regiment. The Duke, in relating this story, confessed that when he was informed of the pious fraud, three months afterward, he was glad that the three lives were spared. The example had been equally effectual.—*Lancet*.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MARCH 17, 1860.

VOLUME FOURTH!

The issue of two more numbers will complete the *Third* volume of this journal, since its change to a weekly. The *FOURTH* volume will begin on the 7th of April.

We shall begin the new volume under very favorable auspices, having made such arrangements as will enable us to present our readers with contributions from the pens of some of the first men in the profession in this city and other parts of the country.

For the details of the plan of the *REPORTER*, we refer our readers to the general Prospectus on the last page of cover. It shall be our constant endeavor to have the *REPORTER* fulfil its mission, and meet, in all respects, the wants of the profession of America. The more rapidly our circulation extends the more speedily will we be enabled to do this.

PRIZES OF THE FRENCH ACADEMY OF MEDICINE FOR 1859.

Incentives to experimental investigations and inquiries, in the different departments of medicine, are held out on a scale of commendable liberality, in France, by the distribution of annual prizes to the successful competitors. These are, for the most part, bequests left at the disposal of the Academy, by the several testators. This body itself offers, also, an annual prize. That for 1859 was for the best dissertation on the following subject: "The therapeutical action of the perchloride of iron." Its value was 1000 francs, (200 dollars.) Six memoirs were sent to the Academy on the occasion; but without the author of any of them obtaining the prize. In the way of encouragement, the Academy awarded to M. Burin-Dubuisson, pharmacologist, of Lyons, the sum of \$80; to M. Leon Serullas and Charles Sabatier, house physicians (*internes*) of hospitals, at Lyons, \$60; to Dr. Soufflet, of Paris, \$60.

For the prize for which endowment was made by Portal, the Academy proposed the subject, in the following terms: "The pathological

anatomy of internal strangulations and the practical consequences resulting from them; in other words, a comparative study of the different kinds of anatomical alterations (hernias excepted) which present an obstacle to the passage of alvine matters, the symptoms and signs by which they may be distinguished from each other, and to apply to them an appropriate treatment." The prize was of \$200. Of the four memoirs elicited by the above offer, no one came up to the requirements of the judges; but to the author of one of them, Dr. Duchaussoy, was awarded a prize of \$120; to another, Dr. Henry Ernest Bernier, a gold medal, valued at \$80; and honorable mention was made of Dr. Honel, curator of the Dupuytren museum.

A prize, founded by Madame de Carieux, of the value of \$500, was offered by the Academy of Medicine for the best treatise on "Nervous affections depending on the syphilitic diathesis." Four memoirs were sent in; but no one alone was thought worthy of the prize, which was divided between two of the authors, viz: Dr. Leon Gros and M. Lanceron, *interne* or house physician of the hospitals. A medal of encouragement was given to Dr. Lagneau, the younger, and honorable mention made of Dr. Billon.

For the prize, value \$200, founded by Capuron, the Academy proposed the following theme: "On retroversion of the uterus in pregnancy." As the competitors fell short of a successful handling of the subject, so as to answer the views of the Academy, the entire prize was not awarded; but a sum of \$80, in the way of encouragement, was given to Dr. Alfred Henry Blemme; and \$60, in the same manner, to Dr. Achille Dehoris.

Prize founded by Baron Barbier. This prize, which is an annual one, is to be awarded to him who has discovered the best means of cure of diseases regarded generally as the most incurable at the present day—such as hydrophobia, cancer, epilepsy, scrofula, typhus fever, cholera morbus, &c. Such are the requirements laid down in Baron Barbier's will. Encouragement is to be held out to those who, although falling short of the object indi-

cated above, have made the nearest approaches to it. Little surprise will be felt at the announcement by the Academy; that no one of the five treatises offered on the occasion merits recompense, and that, this year, neither prize nor encouragement has been granted by this body.

Prize of experimental surgery, offered by Amussat. This prize of 1000 francs, (\$200,) was awarded to Dr. Ollier, for his experimental inquiries into the artificial reproduction of bone by the transplantation of periosteum, and on the regeneration of bones. On another occasion we may specify the prizes offered for the years 1860 and 1861.

THE REGISTRATION LAW.

The bill, for the registration of births, marriages, and deaths, in the city of Philadelphia, having passed both branches of the Legislature and received the signature of the Governor, has become a law. It takes effect from and after the first day of July next, 1860, and is to be carried out under the direction of the Board of Health.

We feel confident that the members of our profession in this city will take pleasure in discharging the duties incumbent upon them by the obligations of this law. It will be remembered that this is the same bill which was drawn up by a joint committee of the College of Physicians and the County Medical Society of Philadelphia in 1858, subsequently approved unanimously by both societies, and by them recommended to the Legislature for adoption.

The importance of this law of registration is too self-evident to need any argument in its favor from our pen. It is important as relates to the security of property, to the state and condition of individuals, and for a general knowledge of the health, prosperity, wealth, and growth of our population.

We do not calculate, that for the first year or two, the returns under this law will be in perfect harmony with the requirements. Like all new undertakings, it will drag heavily at the beginning; but let it have a fair trial. Its prac-

tiability has been fully demonstrated in other cities, and we do not doubt but that, as its advantages are more and more unfolded from year to year, so will the work become easier and the returns more perfect.

In a future number we will give the details of this law as far as it relates to our profession.

SUMMER INSTRUCTION.

The summer term of medical instruction in this city is about commencing with unprecedented activity, and unequaled facilities for prosecuting the study of all departments of medicine will be presented. A large number of students will remain here during the summer, and a proper appreciation of these opportunities would induce a much greater proportion to spend the season here. An element in the summer courses of lectures, is their familiar demonstrative and practical character. In addition to the numerous excellent private courses, the PHILADELPHIA ASSOCIATION FOR MEDICAL INSTRUCTION presents a systematic course which includes the entire curriculum of the colleges, and also opportunities for obstetric practice. As much opportunity for clinical observation, in all specialties of medicine, is offered in the city as the student will find time to attend, and the hours of lectures in the Association are so arranged as not to interfere with any of the clinical courses.

THE DIPLOMA.

Hundreds of young men are at this season of the year receiving, with the sign manual of the faculties of medical colleges in all parts of the country, pieces of parchment, on which is inscribed, in Latin, something which they are told (for we doubt whether a majority of graduates in our country can translate their diplomas intelligently,) testifies their proficiency in such knowledge as is requisite to make them reliable as practitioners of the healing art.

Intrinsically, this document is not worth the five dollars janitor's fee that it costs the

student. It has a fictitious value, consisting in the fact that it is the passport of its possessor to the confidence of communities in his ability to treat disease—to the bed-side of the sick, whose hope of life rests on his intelligent use of remedies—to be installed in positions in families, involving the gravest responsibilities and the most sacred trusts.

The real value of the diploma should therefore be very great, and its possessor should command and deserve the deference and respect of his fellow men. But to do this effectually, requires that he who receives the diploma should ever keep in view the fact that it only testifies to his ability to *commence* his professional career. Too many of our profession, we fear, have reached the goal of their ambition when they become possessed of this document. They care not for progress. The dollars and cents that they can make on its authority, satisfies their sordid minds, and they pursue a routine of professional life, and die, leaving no "footprints on the sands of time."

There are those, however, and we would fain hope that they are many, who, viewing their diplomas in a proper light, are stimulated by their possession to greater exertions to acquire knowledge. They will improve the opportunities these licenses to practice the healing art give them, to study disease at the bedside of the sick, compare their observations there, with those recorded in their text-books—nay, more, they will seek all the light they can find in published books and in the medical journals of the day, and establish principles of their own, founded on a thorough study of their cases, and a comparison of them with those recorded in books. Not books merely, therefore, but brain will be the text of their practice. These are the men who will make their mark in the world, and do something for the ultimate advance of medical science. How many such are going out from our medical colleges this spring, a few years will determine.

This subject suggests other thoughts, which we may take another opportunity of presenting to our readers.

PRECEPTOR AND STUDENT.

In our remarks last week, on Village Clinics, we alluded to the means of instruction in this department of Medical education, afforded in village poor-houses; and which, as we think, might be turned to good account. A healthier ambition, on the part of physicians living in small towns, would induce them to avail themselves of opportunities of this kind for the instruction of students placed under their charge, rather than to indulge in the higher but mistaken aspirations of getting themselves incorporated into a collegiate body, with the privilege of conferring degrees. It does not, we are afraid, occur to practising physicians who receive young men into their offices, that by the very act of doing so they take on themselves the duty of preceptor, and become responsible not only to the parents and guardians of these youths, but to the profession at large, for their acquiring habits of study, and for their attention being directed into the channel of reading, and of observations most conducive to their ulterior wants. These ends are reached, not by formal and didactic discourse, but by remarks and explanation on each subject as it comes up in reading, or in the practical occurrences of the day. The analytical ought to follow immediately after the synthetic. The nomenclature and outlines of classification in chemistry and materia medica will properly constitute the first reading of the young student, but this known, and it may be committed to memory, the elements, as constituents of each separate substance, should be studied in the order, however irregular they may be, in which it is brought under his notice. When he learns, for example, for the first time, the composition of the air in and through which he lives, and that oxygen and nitrogen are united together mechanically for the purpose, it will be very easy to tell him of the several chemical combinations of oxygen with nitrogen, or the oxides of this latter, while taking down from the shelf a bottle of nitric acid, and showing it to him as the peroxide of nitrogen, or that which contains the largest proportion of oxygen. To fix more strongly on his memory the

difference in the sensible and other qualities of the same elements, when combined in different proportions, he may be told, at the time, of the first degree of oxidation of nitrogen in the protoxide, and of its singular effects when inhaled, by which it has acquired the title of exhilarating gas. Another easy lesson will be taught when the novice in the shop, (we are supposing him now to be a country student) takes down, for the first time, a bottle of liquid ammonia, to make up a prescription. He ought then to be apprized of the fact, that ammonia consists of nitrogen and hydrogen, and is an alkali with properties, sensible, chemical and medicinal—entirely different from the nitric acid, into the composition of which nitrogen also enters. In this way, just as the several substances come before him, will the student learn their chemical composition and characters, and with more readiness and pleasure, too, than he would gather the same information in a formal course of reading a text book or systematic work on chemistry. We can speak the more advisedly on this point from having ourselves groped our way to an elementary knowledge of chemistry in the shop of our preceptor, and with the aid of Lavoisier's works and an old time Dispensatory. It were easy and fitting for him who should act the part really of a preceptor, and not content himself with the mere title of one, to be the guide to his student, somewhat in the manner just sketched. The materials are always at hand for exhibiting also the effects of various chemical tests; and thus, the student while learning chemistry, takes first lessons, but without being told that he is doing so, in toxicology. We would not wish to burthen his memory with the name even of this branch, thus early in his noviciate. With very little pains-taking on the part of the student, and moderate assistance from his preceptor, the former will be quite prepared not only to understand, but to follow the lectures and see the application of the experiments of the professor of chemistry in the medical college in which he, after a due time, enrolls himself. He will have none of the unreasonable and quite unnecessary fears of the difficulties of this branch

and dread of examinations on it when he comes forward as a candidate for a degree.

A similarly analytical course will be pursued by the student, under the tuition of his preceptor, in materia medica and pharmacy. Thus, for instance, when our tyro is required to make up for the first time a compound powder of jalap, called, not unaptly in our early days, antibilious powder, with the addition of sulphate of potash, he will direct his attention to the sensible and physical properties of the jalap, the country and locality whence it is obtained as a root, its resinous character, and the modification of its purgative effects by the triturations which it undergoes with cream of tartar or the bitartrate of potash. He will ascertain why this salt differs so much from other salts, such as Epsom and Glauber and Rochelle, with which he may already have made a slight acquaintance. He will learn that it is owing to an excess of the tartaric acid, and that this excess is designated by the prefix *bi* to the name of the salt in which the acid is neutralized by the alkali or potash; and thus he will get a double lesson, viz: in nomenclature and in chemical combinations. A familiar example of the union of acid and alkali to form a saline combination soon comes under his eye when he prepares a "neutral mixture," or a solution of citrate of potash. In our student days, for want of the citric acid in crystals, or of lemon juice, the lesson was taken in preparing another variety of neutral mixture, viz: by the addition of carbonate of potash to vinegar, or dilute acetic acid, giving us the acetate of potash. We were also soon made familiar with another extemporaneous saline formation, in preparing a solution of the acetate of ammonia, or spirit of Mindererus. In the volatile alkali or carbonate of ammonia used on the occasion, we had previously learned an example of the chemical union of two gases, ammonia and carbonic acid, forming a solid substance. Hoping that the old practice of country and village doctors making their own mercurial ointment and blue mass is not entirely abandoned, we would advert to our own student exercises in this work, and the belief then

entertained of the articles just mentioned being protoxides of mercury. Setting out from this point, although opposed to the belief entertained at the present time, we were led to look on the shelves for the deuloxide in red precipitate, the black sulphuret in Ethiops mineral, and the red sulphuret in cinnabar,—ending our mercurial study, in the chemical line, by recognizing in calomel the sub muriate, and in corrosive sublimate the muriate or oxy-muriate of mercury, for in those days chlorine was not yet received as an elementary substance capable of such a variety of combinations as we now know it to be.

If these suggestive remarks of ours are taken in the spirit in which they are offered, we shall escape the accusation of repeating common places, and get credit for showing how a preceptor may and should convert every thing that the student handles or sees before him in the shop into a theme for direct scientific instruction. The student will learn the qualities and pharmaceutical uses of every article near him, in the same manner in which, in tender age, he learned to speak, and acquired the meaning of words; that is, in proportion as his wants increased, and as the field of observation became more extended. We hope, on future occasions, to develope still further our views of the manner in which preliminary medical education should be conducted, both in the interest of students and of the medical schools to which they, in the end, resort.

MEDICAL COMMENCEMENTS.

This is the season of medical commencements. Last week we noticed that of the Medical Department of Pennsylvania College; and this week several more, in this city and New York, claim a brief notice in the order of their occurrence.

NEW YORK MEDICAL COLLEGE.—The Eighth Annual Commencement of this College took place on Thursday evening, March 1st, in the lecture-room of the college. The degree of Doctor of Medicine was conferred by the President, Dr. Horace Green, on twenty candidates. The honorary degree was conferred on Samuel T. Parker and Campbell Morfit,

of New York; Thomas Garrett, of Pennsylvania; and Rev. A. G. Shears, of Connecticut. The valedictory address was delivered by Samuel J. Tilden, Esq.

MEDICAL DEPARTMENT OF NEW YORK UNIVERSITY.—The Annual Commencement of this popular institution was held on the evening of the 7th inst., in the chapel of the University building. The degree of Doctor of Medicine was conferred on *one hundred and thirty-eight* young gentlemen, 77 of them being from the Southern States, 52 from the Northern, and 9 from the British Provinces. The Hippocratic oath was administered to each graduate. Certificates of honor were issued to those graduates who had diligently attended all the courses of lectures, including the extra or optional course. Next followed the distribution of the medals and prizes. First came the "Mott Medals," one in gold, for the candidate who had prepared the best dried anatomico-surgical preparation. This was awarded to Dr. Samuel F. Speir, of New York. The silver medal, to the student who made the second best preparation, was given to Dr. John M. Richmond, of South Carolina. The third, or bronze medal, to the candidate who furnished the best book of recorded cases of either of the surgical clinics, was awarded to Dr. Samuel W. Francis, of New York.

The Van Buren Prizes, offered by Dr. Van Buren to the two students who had made the best dissections on the recent subject, were bestowed. The first prize, consisting of a handsome case of *post mortem* instruments, and \$50 in money, to Dr. J. M. Richmond, of South Carolina; the second, a case of *post mortem* instruments, to Dr. Samuel F. Speir, of New York. The Metcalfe Prizes were awarded to Mr. H. M. Sprague, of Connecticut, who got the first, a large case of instruments; and to Mr. S. F. Ferguson, of New York, who obtained the second, a pocket-case of instruments.

The Valedictory was given by the venerable Dr. Valentine Mott.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.—The Fifty-third Annual Commencement of the College of Physicians and Surgeons took place at Dr. Parker's church, in Fourth avenue, on Thursday evening, March 8th. The candidates for graduation, *fifty-five* in number, were presented by Dr. John C. Dalton.

Dr. Delafield, President of the College, having inquired of the trustees and faculty, and being answered that the candidates named were recommended, addressed the candidates as follows:—"Do you solemnly promise and declare, before God and this assembly, that you will be diligent, attentive, and faithful in the discharge of the several duties of your profession; tender and compassionate to your patients; that you will exercise all your skill and care; that you will be moved by no consideration to administer medicine for improper or pernicious purposes; and that you will inviolably keep the secrets which may be confided to you in the exercise of your profession—these things you do promise." In addition to this, the Hippocratic oath was administered to the candidates in Latin.

The president then addressed to the graduates some words of counsel and encouragement.

Prof. J. M. Smith next announced the faculty prizes. The first prize was for a thesis on Imperforate Anus, by Erskine Mason, A. B., New York city. The second prize of \$50 was awarded to Edmund C. Ver Meulen, of New Jersey. Both announcements were received with vociferous demonstrations of applause. The faculty made honorable mention of the thesis on General Pathology of Cancer, by E. B. Barrett, A. B., of Massachusetts—of Cortlandt Hoppin on Fœtal Inoculation, and of E. Irving Ford on Diagnosis.

Prof. Clarke announced the award of the munificent prize founded by Jacob Harsen, M. D., of New York, one of the Alumni. This prize consists of a gold medal worth \$50, and \$100 in cash, and was awarded to J. Lawrence Hicks, for a carefully composed report of the Clinical Instruction in the New York Hospital. The award was received with demonstrations of approval, and also the announcement that, in future, the fund would admit of a second prize of \$25, and a certificate of approbation, and also certificates to unsuccessful competitors deserving of mention.

Dr. A. H. Stevens, formerly president of the college, announced that he would found a prize of \$100 for the best preparation and illustration of the physiology and pathology of the larynx.

Seth Lyman Chase, M. D., of Connecticut, one of the graduating class, delivered the valedictory; and Thomas W. Markoe, M. D., of the class of 1841, delivered the address to the Alumni.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA—The Annual Commencement of this institution was held in the Musical Fund Hall, in this city, on Monday, March 12th, when the degree of Doctor of Medicine was conferred on *one hundred and seventy* graduates, by Hon. Edward King, LL.D., President of the College. An address of congratulation was made to the graduates by Prof. Dunglison, Dean of the Faculty. The valedictory was given by Prof. Gross.

Although this was a very large class, the number of graduates would have been much greater, but for the panic of last December, by which about one hundred and forty students left this college for southern schools. Many of these would have been candidates for graduation, and probably swelled the number to something over two hundred and seventy. The graduating class of last year was two hundred and fifty-six, and the matriculating class of the present year was the largest that ever entered their names on the books of this or any other medical school.

THE AMERICAN MEDICAL ASSOCIATION

Will hold its thirteenth annual meeting, at New Haven, on the *first Tuesday of June, 1860.*

The Secretaries of local societies, colleges, and hospitals, are requested to forward to the undersigned the names of delegates, as soon as they are appointed.

STEPHEN G. HUBBARD, M. D.,
Secretary.

New Haven, Ct.

Correspondence.

In the "Periscope" of the 23d No., Vol. 3 of the **MEDICAL AND SURGICAL REPORTER**, several cases of adults are recorded in which neither of the testicles had descended and no spermatozoa were found in the spermatic fluid ejected. Of these, Mr. Curling reports one, and Mr. Partridge two cases. The usual manifestations of virility existed, but all were childless. That the absence of spermatozoa, and the consequent inability to procreate, is not an invariable consequence of the retention of the testes within the abdomen, I would mention the case of an individual residing in the interior of this State who is the father of several children, and whose sexual desires are unusually strong.

Yours, &c.,

D. GILBERT, M. D.

Philadelphia, March 15, 1860.

News and Miscellany.

List of Delegates to the Convention for Revising the Pharmacopœia.—We have received the following communication from Dr. George B. Wood:

To the Editors of the Medical and Surgical Reporter:

GENTLEMEN:—The weekly issue of your journal affords the opportunity of publishing a complete list of Delegates to the Convention for Revising the Pharmacopœia, to meet at Washington on the first Wednesday in May next, so far as their names have been sent to me up to the present time. The lists hitherto published have been more or less imperfect, in consequence of the necessity of sending the names in time for insertion in the journals issued at the beginning of March. I have received notices of the following appointments:

From the *Medical Association of Maine*, Drs. Alonzo Garcelon, W. T. Cummings, and A. F. Fuller.

From the *Massachusetts College of Pharmacy*, Messrs. Theodore Metcalf and Charles F. Carney.

From the *Connecticut Medical Society*, Drs. Henry Bronson, N. B. Ives, and Gordon W. Russel.

From the *Medical Society of the State of New York*, Drs. E. R. Squibb, Howard Townsend, and Caleb Green.

From the *New York Academy of Medicine*, Drs. B. W. McGready, E. H. Davis, and E. R. Squibb.

From the *College of Pharmacy of the City of New York*, Messrs. William Hegeman, Alex. Cushman, and John Meakim.

From the *Medical Society of the State of Pennsylvania*, Drs. J. Augustus Ehler, Wilmer Worthington, and W. R. Finley.

From the *College of Physicians of Philadelphia*, Drs. Geo. B. Wood, R. P. Thomas, and Robert Bridges.

From the *University of Pennsylvania*, Drs. Joseph Carson, R. E. Rogers, and Joseph Leidy.

From the *Jefferson Medical College of Philadelphia*, Drs. Franklin Bache and T. D. Mitchell.

From the *Philadelphia College of Pharmacy*, Messrs. Wm. Procter, jr., Edward Parrish, and Alfred B. Taylor.

From the *Faculty of Physic of the University of Maryland*, Professors Samuel Chew, Charles Frick, and Wm. E. Aikin.

From the *Maryland College of Pharmacy*, Messrs. G. W. Andrews, Israel J. Grahame, and Alpheus P. Sharp.

From the *Medical Society of the State of North Carolina*, Drs. Wm. George Thomas, Peter E. Hines, and Edward Warren.

From the *Cincinnati College of Pharmacy*, Messrs. E. J. Wayne, W. S. Merrell, and W. J. M. Gordon.

From the *Chicago College of Pharmacy*, Professors F. Scammon, J. H. Rauch, and George Buck.

GEO. B. WOOD,
President of the Convention of 1850.

Officers of the Northern Medical Association of Philadelphia, for 1860.—President, Dr. Joseph R. Bryan; Vice President, Dr. L. P. Gebhard; Treasurer, Dr. J. Henry Smaltz; Recording Secretary, Dr. Wm. B. Atkinson; Corresponding Secretary, Dr. Wm. Mayburry; Reporting Secretaries, Drs. J. M. Eagleton and Wm. B. Atkinson; Counsellors, Drs. N. L. Hatfield, Jos. R. Bryan, L. Curtis, J. Rhein, and A. M. Slocum.

Medical Prizes.—The annual award of the "Wood" and "Elliott" prizes for the best anatomical preparations, took place at Bellevue Hospital, New York, on the 7th instant. These prizes, founded by Dr. James R. Wood and Dr. George T. Elliott, are open for competition to the students of all the Medical Colleges in the city. The first Wood prize, of \$50, was awarded to Drs. Sheady and Bryson, of the College of Physicians and Surgeons, jointly, for a full length male preparation. The second Wood prize, of \$25, was awarded to Dr. Spier, of the University Medical College, for a preparation of the head and chest. Dr. Pomeroy, a student in the office of Dr. S. W. Dana, also presented a preparation of the facial nerve, which elicited high commendation, and for which the committee awarded him a gratuity of \$25. The only competitor for the Elliott prizes, which are confined to preparations of the female pelvis, was Dr. Boughton, of the College of Physicians and Surgeons, to whom was awarded \$50 for a beautiful preparation of the *pelvic fasciæ*. The prizes were accompanied by diplomas, with the signatures of the Professors of Anatomy and Surgery in the different colleges. At the close of the presentation, appropriate remarks were made by Drs. Mott, Francis, Stevens and Sayre. The preparations which

drew the above prizes, and which, like those that have preceded them, are on permanent exhibition at Bellevue, show a high proficiency in this most difficult art, which it is the object of these prizes to encourage.

Health of Liberia.—Health has prevailed generally during the year, with some exceptions, among the recent emigrants, and diminished for several months in Monrovia and its vicinity by the existence of small pox, exciting alarming apprehensions, and increasing the usual mortality. This disease prevailed as an epidemic at Sierra Leone, and swept off a large proportion of the European population, among them the excellent English Episcopal Bishop for Western Africa. To all emigrants to Africa the experience and testimony of Mr. Seys is deserving of consideration. Under date of August 19, he writes:

"I never enjoyed better health in my life than I have during the last two months and a half. I do not remember at any time during my former residence of years in this country enjoying as long an interval between attacks of African fever as I have recently, and I am very sanguine in the belief that if I continue, with the Divine blessing, to be *temperate in all things*, I shall be enabled to live and work in Africa with as much physical and mental vigor as I would in any part of the United States. I emphasize "*temperate in all things*," because it cannot be denied—nay, it ought to be published—that men come here both of our complexion and of African descent, who practice the opposite, and despite all advice and counsel from others, act and move, eat and drink, travel in all kinds of weather, and live as if they thought all men mortal but themselves. They die soon, and the African climate bears the blame."

Proportion of the Sexes in Providence.—Dr. Snow, City Registrar of Providence, R. I., says: Of the 1,593 children born in Providence in 1859, there were 825 males and 768 females. This gives 107.4 males to every 100 females, or 51.8 males and 48.2 females in each 100 children born. These are almost exactly the average proportions in this city during six years past.

But there is a most remarkable difference in this respect between the American and foreign children, the explanation of which is not so obvious. Of the children of American parents, born in 1859, there were 102 males to 100 females, while of the children of foreign

parents there were 111 males to 100 females. Can those who are interested in the subject give any explanation of this remarkable difference?

Ages of Literateurs.—The following are the ages of some living English writers: James Hannay, 32; Julia Kavanaugh, 35; Matthew Arnold, 35; Florence Nightingale, 36; Rev. C. Kingsley, 40; Capt. Mayne Reid, 41; G. H. Lewes, 42; Tom Taylor, 42; Shirley Brooks, 43; Prof. Aytoun, 46; R. Browning, 47; C. Mackay, 47; C. Dickens, 47; W. M. Thackeray, 48; A. Tennyson, 49; Fanny Kemble, 49; Sir Archibald Alison, 49; Mark Lemon, 50; Edward Miall, 50; R. M. Milnes, 50; W. E. Gladstone, 50; Hon. Mrs. Norton, 51; Charles Lever, 53; Prof. Maurice, 54; Sir E. Bulwer Lytton, 54; Benjamin Disraeli, 54; Harrison Ainsworth, 54; Mary Howitt, 55; H. Martineau, 57; Mrs. Gore, 59; S. H. Hall, 59; Mrs. Marsh, 60; Barry Cornwall, 60; Samuel Lover, 61; Albany Fonblanque, 62; Rev. G. R. Gleig, 63; T. Carlyle, 64; W. Howitt, 64; Sir John Browning, 67; Rev. H. H. Milman, 68; J. P. Collier, 70; Francis Trollope, 72; W. J. Fox, 73; Sir W. Napier, 74; Rev. Dr. Croly, 74; Lord Brougham, 81; and Walter Savage Landor, 84.

Fossil Footprints on the Sandstone.—A volume of great interest to the naturalist and geologist is preparing for publication by Messrs. Little, Brown & Co., of Boston. It will contain photo-lithographic plates of the fossil footprints found in the Connecticut River sandstone. The work was commenced by the late Dr. Deane, of Greenfield, Mass., the first observer of these geological phenomena, and will be issued under the superintendence of Dr. Gould, Dr. H. I. Bowditch, and other scientific men, for the benefit of Dr. Deane's family. The volume will be got up in the style of Agassiz's "Contributions," containing at least forty plates. A letter from Sir Roderrick Murchison has been received, expressing his high sense of the value of these scientific data, and his anxiety for their publication.—*Amer. Pub. Circular.*

A Queer Parlor Inmate.—Miss Fuller, in a late letter from Europe, mentions having become acquainted with Doctor Southwood Smith, the well known philanthropist. "On visiting him," says the lady, "we saw an ob-

ject which I had often heard celebrated, and had thought would be revolting, but found on the contrary an agreeable sight; this is the skeleton of Jeremy Bentham. It was at Bentham's request that the skeleton, dressed in the same dress that he habitually wore, stuffed out to an exact resemblance of life, and with a portrait mask in wax, sits there as assistant to Dr. Smith, in the entertainment of his guests and as the companion of his studies. The figure leans a little forward, resting the hand on a stout stick which Bentham always carried, and had named 'Dapple.' The attitude is quite easy; the expression of the whole mild, winning, yet highly individual. It is well known that Bentham, in order to oppose, in the most convincing manner, the prejudices against dissection of the human subject, willed his body to the surgeons, and in a codicil, subsequently written, made a final bequest of his skeleton to his friend Dr. Smith."

The New Arctic Exploration.—Dr. I. I. Hayes, surgeon of the Kane Arctic Expedition, hopes to be ready for a start in the month of May next for another voyage to the North Pole. Dr. Hayes has already raised the \$10,000, one-half of the necessary sum, from the generous contributions of his personal friends, and hopes to secure the rest from the liberal public at large. To assist him in this endeavor, the Geographical and Statistical Society have appointed a committee of leading merchants and other well known citizens (among them Henry Grinnell,) and there is reason to hope that the appeal will not be made in vain. The special object of Dr. Hayes' proposed expedition is to determine at once and forever the question of an open Polar Sea, which Lieut. Morton saw, and the existence of which would seem to be established by a variety of circumstantial evidence. This sea Dr. Hayes hopes to reach by making the principal portion of the trip on dog sledges—vehicles by which he and his associates rode over a thousand miles on the previous expedition.

The Late Dr. Todd.—We recently announced the death of Dr. Robert Bentley Todd. The following particulars of his illness and the circumstances attending his death we copy from the *Lancet* of Feb. 4th.

The medical profession and the general public have sustained a sudden and severe loss in the unexpected death of Dr. Robert Bentley

Todd. The few facts of his short illness are as follow:—

Summoned into Wales to visit Mr. Crawshaw, the eminent iron-founder, Dr. Todd returned to Shrewsbury on Sunday last, where he was obliged to spend the night. In the evening an attack of vomiting occurred, and a quantity of blood was voided from the stomach. Nevertheless, with characteristic energy, Dr. Todd reached town by an early train on Monday morning, and received patients as usual, although feeling far from well. Dr. Liveing, who happened to call, endeavored to persuade him to give up his afternoon round of visits, but without success; and just as Dr. Todd was about to leave his house, a fresh attack of hæmatemesis came on, and he was removed to bed. Dr. Watson, Dr. Latham, Dr. Armitage, and Mr. Bowman were immediately sent for, and hopes were at first entertained (contrary to the patient's own opinion) that the attack would pass off; these, however, proved fallacious, as the hæmorrhage continued, and he breathed his last at eight P. M. on Monday, January 30th.

Thus, in the prime of life,—for he was only fifty-one,—and in the full blaze of success and prosperity, has one who could be little spared been taken from us. No man was more endeared to his numerous pupils, and for no one will more genuine grief be felt. It is but six weeks since Dr. Todd delivered his farewell lecture at King's College Hospital, on resigning the post of physician; and those who then heard his clear and succinct views on the proper nature of clinical teaching, in which he himself was so great an adept, but little thought they heard him for the last time, and that the adieu then so kindly and feelingly made was to continue for ever on this side the grave.

A post-mortem examination, made on Tuesday evening by Dr. Beale and Mr. John Wood, revealed immense congestion of, and hæmorrhage into, the stomach, duodenum, and ileum; and the liver presented symptoms of advanced cirrhosis. The kidneys were enlarged, and much congested. The chest and head were not examined.

Sanitary Science.—What Sanitary Science has done, and has yet to do, may be gathered from the following facts. The science is quite of modern date; but since the application of its simplest principles, the cleansing of streams, drainage of houses, and introduction of pure water, the following evidence of benefits result-

ing has been given us: In Liverpool the mortality had fallen from 37 in the 1000 to 27; in Bradford from 28½ to 22; in Gloucester, from 27 to 24. Taking an average of nineteen towns which had been treated in this way, it was found that the death-rate dropped from 28 in the 1000 to 21. Croydon was taken in hand scientifically some time ago; and since then an average of 196 lives have been saved in the town every year! The mortality among the pauper infants and pauper children in the metropolitan unions has been enormously reduced. In the Military School at Chelsea a death-rate of nine in the thousand has been brought down to one of four. The female prisoners at Brixton, who live under sanitary rules, are three times as healthy as the poor needle-women of London; and at Pentonville, notwithstanding the allowance to be made for moral depression, the death-rate is only one-third of that prevailing in populous towns. But still there is a great work to be done; for as we are told, authoritatively, that at least 100,000 persons die annually in these islands at premature periods and by preventible deaths; and at least 1,000,000 more are wasted and debilitated from similar causes. Talk of war, indeed! why what battle or contests ever wrought havoc like this; havoc, be it remembered, not occurring at intervals, like an exceptional calamity, but carried steadily and incessantly through the ranks of our population? And we have still to remember the lesson taught us by the Crimean war. In that war we lost altogether 20,800 men; but of this number 5,000 only were slain by the enemy. All the rest, 15,800 soldiers, fell victims to privation and disease.—*Med. Tim and Gaz.*

The London *Lancet* publishes a letter from Prof. Owen, containing an announcement that he is about to publish a collection of those manuscript works of the illustrious John Hunter, the original of which were destroyed by Sir Everard Home.

Dr. Gideon B. Smith, of Baltimore, writes to the *National Intelligencer*, that the locusts will appear extensively this year. They will make their appearance in that portion of Pennsylvania bounded by Peters' Mountain on the south, Mahantango Mountain on the north, the Delaware river on the east, and the Susquehanna river on the west.

Dr. N. Bozeman has removed from Montgomery, Ala., to New Orleans.

To Correspondents.

Dr. W. E., Alabama.—The cost of sending instruments by mail is six cents an ounce for any distance within the United States.

Dr. G. M., Indiana.—We are not aware that any surgeon in this city uses exclusively, or advocates the exclusive use of chloroform as an anesthetic. Chloroform alone is occasionally administered, and some give the mixture of ether and chloroform in proportions of one to three by weight, and this mixture seems to be growing in favor. The majority of practitioners, however, use, and have alone confidence in the safety of pure sulphuric ether.

COMMUNICATIONS RECEIVED.—*Arkansas*,—Dr. Geo. W. Lawrence, (with encl.)—*Connecticut*,—Dr. C. C. Foote—*Florida*,—Dr. T. Sumter Means—*Iowa*,—Dr. E. J. Fountain—*New Jersey*,—Dr. S. R. Smalley, (with encl.)—*New York*,—E. Quera, (2.) S. Birdall, Dr. S. D. Willard, Dr. Harvey B. Wilbur—*North Carolina*, Dr. J. H. Williamson—*Pennsylvania*,—Dr. R. S. Myers, (with encl.)—*Rhode Island*,—Dr. E. M. Snow—*Wisconsin*,—Dr. T. P. Davenport.

Office Payments.—Dr. T. B. Cooper, Dr. E. Harris, (of N. Y.,) Female Medical College, Baker & Co., (adv.,) Dr. D. Thompson, (of Tenn.,) Dr. C. L. Minster, Dr. J. R. Earhart, Dr. T. R. Simpson, (of Ohio,) Dr. H. E. Brannin, (of N. J.,) Dr. Geo. B. Wood.

MARRIAGES.

BLAIR—HOWARD.—In Ocala, Fla., March 1st, by Rev. Charles R. Jones, Dr. Hugh A. Blair, Professor of Anatomy in the Oglethorpe Medical College, Savannah, and Miss Maggie A. Howard, of the former place.

BOND—McCALL.—On March 8th, 1860, at Christ Church, by the Rev. Dr. Dorr, Francis E. Bond, M. D., of Montevideo, S. A., to Miss Sarita McCall, of this city.

FUSSELL—MIDDLETON.—On the 6th inst, by Rev. Samuel Durburrow, Morris Fussell, M. D., to Sallie T. Middleton, both of Chester county, Pa.

DEATHS.

OTTO.—Suddenly, in this city, on Friday evening, 9th instant, Eliza, relict of the late Dr. John C. Otto.

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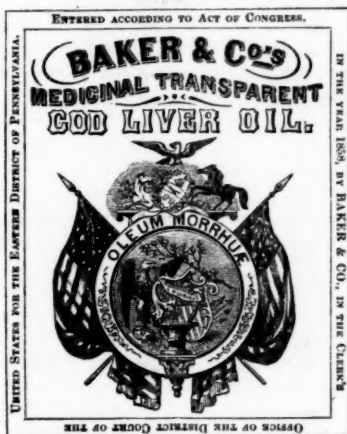
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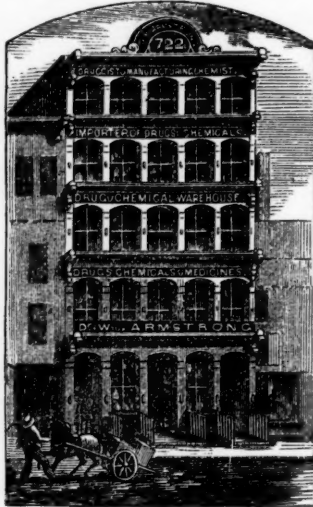
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Eupatorin (perfo.).....	Rd. Neut. Alk.....	1 to 4	75
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Professor MURKIN, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

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